



DON SIEGELMAN  
Governor

# Alabama Medicaid Agency

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MICHAEL E. LEWIS  
Commissioner

November 1, 2000

## PROVIDER NOTICE 00-0020

TO: Physicians and Hospitals

SUBJECT: Cardiac Rehabilitation

Effective December 1, 2000, the Alabama Medicaid Agency will reimburse for cardiac rehabilitation in outpatient settings. Please incorporate the following policy into your facilities protocol for cardiac rehabilitation:

### POLICY FOR CARDIAC REHABILITATION

- Medicaid will require that certain conditions be met in order for an outpatient hospital based cardiac rehabilitation clinic to provide services.
- Medicaid coverage of a cardiac rehabilitation program will be considered reasonable and necessary only for patients with a clear medical need, who are referred by their attending physician and:
  1. have a documented diagnosis of acute myocardial infarction within the preceding 12 months; or
  2. began the program within 12 months of coronary bypass surgery; or
  3. have stable angina pectoris. Evaluation of chest pain must be done to determine suitability to participate in the cardiac rehabilitation program.
- The frequency and duration of the program is usually three sessions per week in a single 12-week period. Coverage for continued participation in cardiac exercise programs beyond a single 12-week period will be allowed only on a case by case basis. Any services provided past 36 in a year will require prior authorization by Medicaid.
- Coverage may be extended with sufficient documentation that the patient has not reached the exit level, but will not exceed a maximum of 72 visits annually.
- Each exercise session must include at least one of the following: continuous cardiac monitoring during exercise, and EKG rhythm strip with interpretation and physician's revision of treatment; or examination by the physician to adjust medications or for other treatment changes.
- No more than one EKG stress test with physician monitoring at the beginning of the exercise program with a repeat test in three months is reasonable and necessary. The medical necessity for stress tests in excess of the two allowed must be clearly established in the recipient's medical records.
- A physician must be immediately available in the exercise program area in case of emergency.
- Formal patient education services are not reasonable and necessary when provided as part of a cardiac rehabilitation exercise program; therefore, Medicaid will not pay for these services.

### ICD-9 CM Codes That Support Medical Necessity

One of the following covered ICD-9 CM diagnosis codes must be linked to the appropriate procedure.

**Our Mission - to provide an efficient and effective system of financing health care for our beneficiaries.**

The correct use of an ICD-9-CM code listed below does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in the policy.

### **Diagnosis Definition**

#### **Ischemic Heart Disease**

410.00-410.02  
410.10-410.12  
410.20-410.22  
410.30-410.32  
410.40-410.42  
410.50-410.52  
410.60-410.62  
410.70-410.72  
410.80-410.82  
410.90-410.92  
412  
413.0-413.9

#### **Persons With a Condition Influencing Their Health Status**

V45.81

Any questions regarding this notice should be referred to Medical Services Outreach/Education Unit, 334-242-5455.

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Michael E. Lewis, Commissioner

#### **Distribution List:**

Alabama Hospital Association  
Medical Association of the State of Alabama  
Electronic Data Systems (EDS)  
Alabama Medicaid Agency

MEL/ca

<b>REMINDER: All Medicaid recipients are required to present proper identification to a provider of medical care or service. Providers must verify eligibility before providing treatment or service under the Medicaid Program</b>
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**AVRS 1-800-727-7848**

**MEDICAID FRAUD HOTLINE 1-800-824-6584**